

Permit Number: \_\_\_\_\_

**KANSAS CITY STREETCAR ALIGNMENT--TRACK ACCESS PERMIT APPLICATION**

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**THIS SECTION COMPLETED BY REQUESTING PARTY**

**Dates of Access:** From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Limits of Access: Intersection:** \_\_\_\_\_ **Time:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Southbound Street:** From: \_\_\_\_\_ To: \_\_\_\_\_ **Time:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Northbound Street:** From: \_\_\_\_\_ To: \_\_\_\_\_ **Time:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Permit Holder:** \_\_\_\_\_ **Number of People:** \_\_\_\_\_  
(PRINT COMPANY NAME)

**Quality Assurance/Quality Control (QAM) Manager:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(PLEASE PRINT)

**QAM 24-Hour Phone No.:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Facility Owner/Public Service Provider For Which the Work is Being Performed:** \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

**Attachment Enclosed:** ☐ \_\_\_\_\_

**Power Down/Removal During Non-Revenue Service Hours Requested:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Power Down/Removal During Revenue Service Hours Requested:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Equipment Required:** \_\_\_\_\_

**CAUTION:** The overhead contact electrical system must be considered **LIVE and HOT** at all times. **Electrical power must be confirmed in the field with the designated power personnel.**

**Special Operating Conditions:**

1. Permits are good only for a maximum of 7 days.
2. See the Streetcar Regulations Manual (SRM) for additional requirements (Code of Ordinances, 64-521, Effective 5-1-2015)
3. Applications for track access permits must be submitted by 10:00 a.m. Tuesday the week prior to the scheduled work. (This requirement supersedes the SRM regarding the timing of application submittals.)
4. All personnel must wear reflective safety garments conforming to 1988 Edition, MUTCD Sec. 6E-3, High-Visibility Clothing.
5. Advise Control (816) 804-8882 when entering and leaving the alignment.
6. The track access permit is null and void if any field worker is not trained and certified by the operator (SRM, III. J.1)
7. Send Permit application with work zone plan and traffic control plan to Brian.Flynn@kcmo.org AND bhadley@htsi.com

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**THIS SECTION COMPLETED BY STREETCAR OPERATOR/CONTROLLER**

Special Instructions: Yes \_\_\_\_\_ No \_\_\_\_\_ # \_\_\_\_\_  
Train Order: Yes \_\_\_\_\_ No \_\_\_\_\_ # \_\_\_\_\_  
Flags: Yes \_\_\_\_\_ No \_\_\_\_\_ # \_\_\_\_\_  
Flagger: Yes \_\_\_\_\_ No \_\_\_\_\_ # \_\_\_\_\_  
Manual Block: Yes \_\_\_\_\_ No \_\_\_\_\_ # \_\_\_\_\_  
Power Removal: Yes \_\_\_\_\_ No \_\_\_\_\_ # \_\_\_\_\_  
OCS: Yes \_\_\_\_\_ No \_\_\_\_\_ # \_\_\_\_\_  
Sub: Yes \_\_\_\_\_ No \_\_\_\_\_ # \_\_\_\_\_  
General Alignment: Yes \_\_\_\_\_ No \_\_\_\_\_ # \_\_\_\_\_

Approval of Streetcar Authority/Operator: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(PLEASE PRINT)

Request Approved: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Manager or Designee, KCMO, PWD, Traffic Permits

Original: KCMO, Public Works Department, Traffic Permits (City)

Copies: Quality Assurance Manager / Permittee (Permittee)

General Manager / Controller (Streetcar Operator)